

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kuioka	Alton	T.	537-8768
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			521-7602
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96846-6000	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

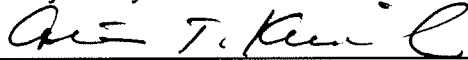
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Bank of Hawaii Corporation			537-8284
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			538-4304
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96846-6000	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Douglas Spottswood			537-8284
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			538-4304
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96846-6000	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

JAN - 4 2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Alton T. Kuioka

Vice Chairman

NAME OF ORGANIZATION (if applicable)

Bank of Hawaii

TELEPHONE

537-8768

MAILING ADDRESS (Street)

P.O. Box 2900

FAX

521-7602

(City)

Honolulu

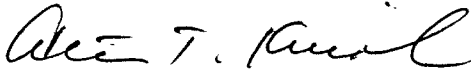
(State)

Hawaii

(Zip Code)

96846-6000

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

JAN - 4 2007

(Date)